RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF DISEASE PREVENTION AND CONTROL
STD PROGRAM, Cannon Building, 3 Capital Hill, Room 106, PROVIDENCE, RI 02908
TEL: (401) 222-2577 FAX: (401) 222-1105

STD treatment information is very important. Because of this:
If making copies of this form, please copy both sides. If faxing this form, please fax both sides.

CONFIDENTIAL REPORT FOR SEXUALLY TRANSMITTED DISEASES INSTRUCTIONS

1. **Mail or fax fully completed report within 4 days or as soon as treatment is prescribed.**
2. **FAX or Phone partial report immediately if partner services are requested (see VI below) or syphilis reporting criteria are met.**

I. PATIENT INFORMATION:

Last Name | First (full name) | MI

Street | Apt. #

City/Town | Zip Code | Phone Number & Area Code

Sex ☐ Male ☐ Female | Date of Birth ___ ___ /___ ___ /____ ___ | Age | Marital Status ☐ Single ☐ Married ☐ Other ☐ Unknown

Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (indicate one or more) ☐ Black ☐ White ☐ Hawaiian Native ☐ American Indian/Alaskan Native ☐ Asian

II. FACILITY INFORMATION:

Physician or Facility Name

Facility Contact Person for STD Reporting

Facility Street Address, Facility City, State, Zip

Facility Phone Number & Area Code

III. RISK FACTORS:

1. Sexual orientation of the patient: ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Unknown
2. How many sexual partners has the patient had in the past 6 months? _____
3. Has the patient participated in anonymous sex in the past 6 months? ☐ Yes ☐ No ☐ Unknown
4. How often had the patient used condoms in the past 6 months? ☐ Always ☐ Sometimes ☐ Never ☐ Unknown
5. Has the patient recruited sexual partners from high-risk locations (night clubs, parks, the internet…)? ☐ Yes ☐ No ☐ Unknown
   If yes, where? _____
6. Has the patient used Intravenous Drugs in the past 6 months? ☐ Yes ☐ No ☐ Unknown If yes, list: _____
7. Has the patient used Non-Intravenous Drugs in the past 6 months? ☐ Yes ☐ No ☐ Unknown If yes, list: _____
8. Has the patient supplied sex for drugs or money in the past 6 months? ☐ Yes ☐ No ☐ Unknown
9. Has the patient received sex for drugs or money in the past 6 months? ☐ Yes ☐ No ☐ Unknown
10. Is the patient co-infected with Hepatitis B or C? ☐ Yes ☐ No ☐ Unknown

IV. PATIENT TREATMENT INFORMATION:

Has the patient received client specific prevention counseling? ☐ Yes ☐ No

Is this patient pregnant? ☐ Yes ☐ No

Did this patient receive treatment? ☐ Yes **(If yes, check box on back for treatment administered)** ☐ No ☐ Unknown ☐ Unable to reach

If yes, when did the patient receive treatment? Date __ __ / __ __/ __ __ __ __

V. STD INFORMATION:

1. GONORRHEA

Culture: Result_____ Date_____

Gram Stain: Result_____ Date_____

Urine DNA: Result_____ Date_____

LCR (or equivalent) Result_____ Date_____

Other Test _____

☐ Cervical
☐ Urethral
☐ Rectal
☐ Pharyngeal/Throat
☐ Other_____

Did the patient have PID? ☐ Yes ☐ No

2. CHLAMYDIA

EIA: Result_____ Date_____

Urine DNA: Result_____ Date_____

☐ Cervical
☐ Urethral
☐ Rectal
☐ Other_____

Did the patient have PID ☐ Yes ☐ No

3. SYPHILIS

RPR Titer _____ Date_____
_____ Date_____
_____ Date_____

FTA Result _____ Date_____

☐ Primary (Lesion)
☐ Secondary (Rash, Other Symptoms)
☐ Early Latent (Asymptomatic, less than 1 year)
☐ Late Latent (over 1 year duration)
☐ Neurosyphilis
☐ Congenital (infant)

4. PID

☐ In-Patient
☐ Out-Patient

☐ Gonococcal
☐ Chlamydia
☐ Agent Unknown
☐ Other:_____

5. OTHER STDs

☐ Chancroid ☐ Granuloma Inguinale ☐ Lymphogranuloma- Venereum (LGV)

VI. PARTNER NOTIFICATION:

Providers treating STD's are expected to counsel patients in prevention and identify and refer partners to medical care for examination and treatment.

- Was the patient given partner notification information? ☐ Yes ☐ No

When partners are hard to reach, the Department of Health STD program can provide this confidential service on a very limited basis.

- Are you requesting state resources for partner services for this case? ☐ Yes ☐ No

Fax immediately and we will call you to get more details.

CDC: 2002 Guidelines for Treatment of STD's, can be viewed at http://www.cdc.gov/STD/treatment/rr5106.pdf

Last Name: _____ First Name: _____ Date of Birth: ____/____/19____

SUMMARY OF THE 2002 CDC SEXUALLY TRANSMITTED DISEASES (STD) TREATMENT GUIDELINES
STD CONTROL PROGRAM – RHODE ISLAND DEPARTMENT OF HEALTH

These guidelines for the treatment of STDs reflect the recommendations of the 2002 CDC STD Treatment Guidelines. These are outlines for quick reference that focus on STDs encountered in an outpatient setting and are not an exhaustive list of effective treatments. Please refer to the complete document of the CDC for more information or call the STD Program. These guidelines are to be used for clinical guidance and are not to be construed as standards or inflexible rules. Clinical and epidemiological services are available through the STD Program and staff is also available to assist healthcare providers with confidential notification of sexual partners of patients infected with STDs and HIV. Please call for any assistance at: **(401) 222-2577. FAX (401) 222-1105. STD Program, Rhode Island Department of Health, Cannon Building, 3 Capital Hill, Room 106, Providence, RI 02908**

Disease	Recommended Treatment	Alternative
SYPHILIS (see CDC guidelines for follow-up recommendations)		
Primary, Secondary or Early Latent (<1 Year) Adults Children	☐ Benzathine penicillin G 2.4 million units IM in a single dose ☐ Benzathine penicillin G 50,000 units/kg IM, up to the adult dose of 2.4 million units in a single dose	**(For penicillin allergic, non-pregnant *adult* patients)** ☐ Doxycycline 100 mg orally 2 times a day for 14 days ***OR*** ☐ Ceftriaxone 1 g daily IV or IM for 8-10 days ***OR*** ☐ Azithromycin 2 g orally single dose
Late Latent (>1 Year) or Latent of Unknown Duration Adults Children ***For all Suspect Syphilis Cases:*** Call the STD Registry at (401) 222-2577 for past titers and treatment.	☐ Benzathine penicillin G 2.4 million units IM ***for 3 doses***, 1 week apart (total 7.2 million units) ☐ Benzathine penicillin G 50,000 units/kg IM up to the adult dose of 2.4 million units, administered as three doses at 1 week intervals (total 150,000 units up to the adult total dose of 7.2 million units)	☐ Doxycycline 100 mg orally 2 times a day for 28 days ***for adults only***
Neurosyphilis	☐ Aqueous crystalline penicillin G 18- 24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days	☐ Procaine penicillin 2.4 million units IM once daily ***plus*** probenecid 500 mg orally 4 times a day, both for 10-14 days
HIV Infection	**For primary, 2nd and early latent syphilis:** Treat as above. Some specialists recommend three doses. **For late latent syphilis or syphilis of unknown duration:** perform CSF examination before treatment	
Pregnancy	**Penicillin is the *only* recommended treatment for syphilis during pregnancy. Women who are allergic should be desensitized and then treated with penicillin. Dosages are the same as in non-pregnant patients for each stage of syphilis.[1]**	
GONOCOCCAL INFECTIONS[2]		
Cervix, Urethra, Rectum ***Partner Management:*** Empiric treatment of all sexual contacts during the 60 days preceding onset of symptoms or, if asymptomatic, date of diagnosis. Pharynx Conjunctiva	☐ Ceftriaxone 125 mg IM once ***OR*** ☐ Cefixime 400 mg orally once ***OR*** ☐ Ciprofloxacin[4,5] 500 mg orally once ***OR*** ☐ Ofloxacin[4,5] 400 mg orally once ***OR*** ☐ Levofloxacin[4,5] 250 mg orally once ☐ Ceftriaxone 125 mg IM once ***OR*** ☐ Ciprofloxacin[4,5] 500 mg orally once ☐ Ceftriaxone 1 g IM once plus lavage the infected eye with saline solution once	☐ Spectinomycin[3] 2 g IM once (see CDC guidelines for other cephalosporins and quinolones)
Children (<45KG) Vagina, Cervix, Urethra, Pharynx, Rectum	☐ Ceftriaxone 125 mg IM once	☐ Spectinomycin[3] 40 mg/kg IM once (maximum 2 g)
Neonates Ophthalmia Neonatorum[6] Infants born to infected mothers	☐ Ceftriaxone 25-50 mg/kg IV or IM once (maximum 125 mg)	
Pregnancy	☐ Ceftriaxone 125 mg IM once	☐ Spectinomycin[3] 2 g IM once
CHLAMYDIAL INFECTIONS		
Adult ***Partner Management:*** Empiric treatment of all sexual contacts during the 60 days preceding onset of symptoms or, if asymptomatic, date of diagnosis.	☐ Azithromycin 1 g orally single dose ***OR*** ☐ Doxycycline 100 mg orally 2 times a day for 7 days	☐ Erythromycin base 500 mg orally 4 times a day for 7 days ***OR*** ☐ Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days ***OR*** ☐ Ofloxacin[4] 300 mg orally 2 times a day for 7 days ***OR*** ☐ Levofloxacin[4] 500 mg orally once a day for 7 days
Children ≤ 45 kg----------> ≥ 45 kg and < 8 Years of Age----------> ≥ 8 Years of Age---------->	☐ Erythromycin base or ethylsuccinate 50 mg/kg/day orally divided into four doses daily for 14 days[7] ☐ Azithromycin 1 g orally single dose ☐ Azithromycin 1 g orally single dose ***OR*** ☐ Doxycycline 100 mg orally 2 times a day for 7 days	
Pregnancy	☐ Erythromycin base 500 mg orally 4 times a day for 7 days ***OR*** ☐ Amoxicillin 500 mg orally 3 times a day for 7 days	☐ Erythromycin 250 mg orally 4 times a day for 14 days ***OR*** ☐ Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days (or 400 mg 4 times a day for 14 days) ***OR*** ☐ Azithromycin 1 g orally single dose

[1] Tetracycline/doxycycline contraindicated; erythromycin not recommended because it does not reliably cure an infected fetus; data insufficient to recommend azithromycin or ceftriaxone.
[2] Treat also for *Chlamydia trachomatis* if not ruled out by a sensitive test.
[3] Not effective against incubating syphilis and is less effective against pharyngeal gonorrhea.
[4] Quinolones are contraindicated in pregnant women. No joint damage attributable to quinolone therapy has been observed in children treated with prolonged ciprofloxacin regimens. Thus children who weigh ≥ 45 kg can be treated with any regimen recommended for adults.
[5] Quinolones should not be used for gonococcal infections acquired in Asia or the Pacific, including Hawaii. In addition, use of quinolones is probably inadvisable for treating infections acquired in California and in other areas with increased prevalence of quinolone resistance.
[6] Hospitalize and evaluate disseminated infection.
[7] The efficacy of treating neonatal chlamydia conjuctivitis and pneumonia is about 80%. A second course of therapy may be required. An association between oral erythromycin and infantile hypertrophic pyloric stenosis has been reported in infants less than 6 weeks treated with this drug. See CDC guidelines for more information.